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(F	Requestor's Name)
	Address)
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

subject: <u>Suve</u>	to Shine a	eaning Senice	o LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robin	Person  Name of Person	
	Sire to Shin	e Cleaning Sen	icos Legas
	6944 Green	fern Lane Address	NEW TOWN THE SAME OF THE CANADA SAME AND THE C
	Jacksonvil	City/State and Zip Code	<b>-</b>
	E-mail address: (	Kland (agmail C	OM Cication)
For further information c	oncerning this matter, please co	all:	
Robin P	ersaud f Person		SQU6 Telephone Number
Enclosed is a check for the	ne following amount:		
S \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<del></del>	City	Zip C	Code		
	, Florida				
	Enter Florida street address	127	Ĉ.		
New Registered Office Address:		1 1 C 	- <del></del> -	†	
Name of New Registered Agent:		11 13	<u> </u>	<del></del>	
N. C.		(n) (n) (1)	۴.	1	
agent and/or the new registered office address here:		)	€ ;		
B. If amending the registered agent and/or registered office	address on our records, enter the n	ame of th	e new r	egistered	
		<u>ت</u> ر	2.2		
(Mailing address MAY BE A POST OFFICE BOX)	SCICKSOTIVITIE, ITE 3	1_	<u> </u>		
• • • •	shocksonville, FL 3		<del></del>		
Enter new mailing address, if applicable:	6944 Greenfern 1	000		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL	322	17		
Enter new principal offices address, if applicable: 6944 Greenfern Lane					
The new name must be distinguishable and contain the words "Limited Liabi			on "L.L.	C."	
A. If amending name, enter the new name of the limited liab	ility company here:				
This amendment is submitted to amend the following:					
Florida document number <u>L 22 ØØØ 29 to 295</u> .					
The Articles of Organization for this Limited Liability Company	were filed on <u>Q13012022</u>	an	d assig	ned	
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)		_		
Sure to Shine Cleanin	ig Senicea LLC				

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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fan eft <u>Note:</u>	fective date is l If the date in	isted, the dat nserted in th	the date of file must be specific its block does not be Department of	and cannot be of meet the a	prior to date pplicable s				filing.) Pursuan	
recor d is fil		delayed eff	ective date, but	not an effecti	ive time, at	12:01 a.	m. on the ea	rlier of: (b	) The 90th da	ay after the
Dated	<u> Mgi</u>	not_	2nd	20	<u> 22</u> .	1				
			Signature o	a member or	authorized	representa	tive of a mem	ber		
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Filing Fee: \$25.00